

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038478

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2707

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clayton</b>   |                                  | Length of stay in 1b<br><b>DOA</b>   | c. CITY OR TOWN <b>Des Peres</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Co. Hospt.</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>13268 Manchester Rd.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Edith</b> Middle <b>M</b> Last <b>Soell</b>  |                                  | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>27</b> , Year <b>1963</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><b>6/18/1891</b>  |
| 9. AGE (last birthday)<br><b>72</b>   |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>Anthion Happe</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Caroline Heart</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>William O. Soell (Dec'd)</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>   |   |
| 17. INFORMANT<br><b>Des Peres 31, Mo.</b>   |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>(History of treatment for arteriosclerotic heart disease &amp; diabetes)</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                  | 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 20f. CITY, TOWN, OR LOCATION  |                                  | COUNTY STATE   |   |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.<br>Death occurred at <b>DOA Co. Hosp. 10:02 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |  |   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Raymond Hand</b> Coroner  |                                  | 22b. ADDRESS<br><b>Clayton, Missouri</b>   |   |
| 22c. DATE SIGNED<br><b>9/4/63</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   |
| 23b. DATE<br><b>8/31/63</b>   |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b>  |   |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis Co., Mo.</b>  |                                  | 24. FUNERAL DIRECTOR<br><b>Bopp Chapel Kirkwood, Mo.</b>   |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>8-30-63</b>  |                                  | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy</b>   |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.